



Liquor Control Board
Licensing and Regulation
PO Box 43098
Olympia WA 98504-3098
Web Site: www.liq.wa.gov
Phone: (360) 664-1600
Fax: (360) 753-2710, (360) 704-5000 or (360) 704-4953

UBI No. _____

License No. _____

Authorized Representative Form

Liquor License Applicant:

| | | | | |
|-------------------|----------------------------|-------------|--------------|---------------------|
| Applicant Name(s) | _____ | | | |
| Address | _____ | | | |
| | <i>Street/Route/PO Box</i> | <i>City</i> | <i>State</i> | <i>Zip Code + 4</i> |
| Phone No. | _____ | Fax No. | _____ | |

An initial interview is done with all applicants; it is recommended you participate. If you cannot participate please initial and the interview will be done with the person listed below.

Initial here _____

Authorized Firm/Representative (other than applicant):

| | | | | |
|-----------|----------------------------|-------------|--------------|---------------------|
| Name(s) | _____ | | | |
| Address | _____ | | | |
| | <i>Street/Route/PO Box</i> | <i>City</i> | <i>State</i> | <i>Zip Code + 4</i> |
| Phone No. | _____ | Fax No. | _____ | |

The above named firm/representative is authorized to speak on my/our behalf in specific matters concerning my/our liquor license application. Such as:

?? Finances/Source of Funds Business/real property purchase Leases/etc.

Note: This form does not allow the firm/representative to sign for the applicant on any forms or documents submitted.

Certification:

It is my understanding that it remains my responsibility to ensure that all requirements of the Washington State Liquor Control Board are met in regard to the above.

Print Name

Signature of License Applicant

Date

(sole proprietor, partner, corporate officer, or limited liability company manager or member)